

# OPEN ENROLLMENT 2012

For plans governed by the Employee Retirement Income Security Act (ERISA), this 2012 Open Enrollment Guidebook serves as a summary of material modifications (SMM) to the [LANL Health and Welfare Benefit Plan for Employees](#). The Laboratory reserves the right to amend or discontinue any benefit plans at any time. If there is a conflict between this summary and the terms of the plan document, the plan document governs.

## Welcome to 2012 Benefits Open Enrollment

Every fall Los Alamos National Laboratory employees are invited to participate in their annual Open Enrollment period. As a LANL employee, it is important to remember you have options for your health and welfare benefits and are encouraged to take an active role in knowing and choosing those benefits.

Open enrollment is a time that provides LANL employees with the opportunity to understand their benefit choices, manage their enrollment elections, designate beneficiaries and dependants to prepare for the upcoming year. In this annual Open Enrollment informational guidebook, employees will find information regarding new changes for 2012, how to participate in Open Enrollment, and additional information concerning annual notices, plan details and other useful tools.

Please remember that the Internal Revenue Service limits the times you may make changes. After Open Enrollment ends, you cannot make changes to your elections except under certain limited situations (qualified life events). Benefits that may be changed without a qualified life event are identified in this booklet. Contact the Benefits Office ([benefits@lanl.gov](mailto:benefits@lanl.gov)) if you experience a qualified change of status or if you require additional information.

## Important 2012 Open Enrollment Dates

**Starting at 8:00 a.m. October 24, 2011 continuing through  
midnight on November 11, 2011**

### ■ Information Sessions

The LANL Benefits Office will provide the following information sessions for employees before the 2012 Open Enrollment period will officially begin. Please feel free to attend one of the information sessions to ensure that all of your questions are addressed.

<b><u>Benefits Open Enrollment Information Sessions</u></b>		
Web address for LANL maps: <a href="http://int.lanl.gov/tools/maps/maps.shtml">http://int.lanl.gov/tools/maps/maps.shtml</a>		
<b>Location</b>	<b>Date</b>	<b>Session</b>
Physics Auditorium, TA-3	Tuesday, October 18	9:30 a.m.
Louis Rosen Auditorium-LANSCE, TA-53	Wednesday, October 19	10:30 a.m.

## ADA Accommodations

If you plan on attending any of the listed meetings and you require additional accommodations, please contact the Benefits office at 667-1806.

## What's New for 2012:

The 2012 Open Enrollment is a "Passive Enrollment". Passive enrollment means that if you are satisfied with your current benefit elections you do not need to go into Oracle Self Service to make any changes. However, the exception to a passive enrollment is the Health Care Reimbursement (HCRA) and the Dependent Care Reimbursement Accounts (DCRA). Each year you must confirm how much you want to withhold from your pay to fund your HCRA and/or DCRA accounts.

### **Important for HCRA and DCRA Accounts (Payflex):**

**Flexible spending account enrollments (HCRA and DCRA) require positive elections and do not carry over from year to year. You must select a contribution amount for 2012 to participate, even if you are currently enrolled.**

**Effective 1/1/2012 the Payflex Website address will change to (<https://www.Healthhub.com>). If you have an existing account set up, you will not have to change or update your log in information. All customer service and fax phone numbers will remain the same.**

**NOTE:** When enrolling eligible dependents either for the first time as a new hire, during Open Enrollment or in the middle of a plan year the benefits office will request additional documentation i.e., marriage license, birth certification or Proof of Birth, adoption and/or tax documents to validate eligibility.

## NEW For Health & Welfare Plans

### ▪ The Patient Protection and Affordable Care Act (PPACA)

- ✓ Plan Year 2012 will be the last year that LANS Flexible Spending Account (FSA) contributions (HCRA and DCRA) will be limited to \$5,000. The Patient Protection and Affordable Care Act (PPACA) mandated FSA contributions to be limited to \$2,500 effective January 1, 2013.
- ✓ The PPACA mandated a change to dependent eligibility. Effective January 1, 2011 medical and dental coverage became available for eligible children up to the age of 26, unless they are offered coverage through their own employment.
- ✓ The PPACA mandated that plan sponsors give a 30 calendar day advance notice before coverage can be rescinded (i.e. coverage revoked retroactively). In cases of fraud or intentional misrepresentation of a material fact or failure to pay premiums the Laboratory will provide 30 calendar days written notice prior to the date of coverage rescission.
- ✓ Grandfathered Plan – The LANS Health and Welfare benefit plan is considered to be a “grandfathered health plan” under the PPACA. As permitted by the PPACA, a grandfathered health plan can preserve certain basic health coverage that was already in effect when the law was enacted. A grandfathered health plan means that the Plan may not include certain consumer protections of the PPACA that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the PPACA (e.g., the elimination of lifetime limits on benefits).

**Note:** The Patient Protection and Affordable Care Act (PPACA) is continually evolving. Interpretations and directions on how to implement are still forthcoming. The Benefits Office will continue to provide further updates as necessary.

### ▪ 2012 Medical Plan Premiums

LANS is pleased to announce the Medical Premium rates will not change for the 2012 plan year. **(Please see page 8 for additional details on the medical plan premiums.)**

### ▪ Rate Changes for Supplemental Disability

Due to high utilization and adverse plan experience, Supplemental Disability Premiums will be increasing 18.5%. The new multipliers used to calculate your semi-monthly Supplemental Disability Premiums are provided below.

7-Day Waiting Period		30-Day Waiting Period		90-Day Waiting Period		180-Day Waiting Period	
Age Band	Multiplier	Age Band	Multiplier	Age Band	Multiplier	Age Band	Multiplier
<35	0.001061	<35	0.000504	<35	0.000421	<35	0.000332
35–39	0.001706	35–39	0.000794	35–39	0.000652	35–39	0.000504
40–44	0.003051	40–44	0.001452	40–44	0.001203	40–44	0.000942
45–49	0.004941	45–49	0.002471	45–49	0.002180	45–49	0.001677
50–54	0.006612	50–54	0.003531	50–54	0.003152	50–54	0.002477
55–59	0.008390	55–59	0.004379	55–59	0.003982	55–59	0.003152
60–64	0.011382	60–64	0.006091	60–64	0.005374	60–64	0.004242
65–69	0.013278	65–69	0.007128	65–69	0.006091	65–69	0.004805
70+	0.013278	70+	0.007128	70+	0.006091	70+	0.004805

SUPPLEMENTAL DISABILITY PREMIUM CALCULATION	
Directions	Example
Take your gross monthly salary, and multiply by the rate for your age and waiting period.	50 yr old employee, making \$8,500/mo. with a 30-day waiting period (i.e. \$8,500 x .0035313 equals \$30.02).

▪ **Semi Monthly Rate Changes for Supplemental Life:**

Supplemental Life Premiums will be increasing on average 27% for age bands 40 and over. The new multipliers used to calculate your Supplemental Life Premiums are provided below. In addition coverage amounts for employees over the age of 65 will be reduced utilizing the Age Discrimination in Employment Act (ADEA) approved reduction scheduled.

Supplemental Life Insurance	
Age Band	Multiplier (per 1,000 of coverage)
<25	0.0110
25–29	0.0100
30–34	0.0120
35–39	0.0190
40–44	0.0305
45–49	0.0500
50–54	0.1115
55–59	0.1835
60–64	0.2790
65–69	0.4010
70–74	0.7320
75+	1.0300

Expanded Life Insurance (spouse and family)	
Age Band	Multiplier (per 1,000 of coverage)
<30	0.0170
30–34	0.0170
35–39	0.0200
40–44	0.0295
45–49	0.0475
50–54	0.0775
55–59	0.1360
60–64	0.2230
65–69	0.3250
70–74	0.4705
75+	0.8295
Child	0.19

**ADEA Reduction in Coverage Due to Age**

Due to adverse claims experience and to avoid a substantial across the board rate increase an ADEA compliant reduction schedule is being implemented that reduces the elected Supplemental Life Insurance coverage for age 65 and older employees (and, if covered, spouses) by the percentage indicated in the table below. This reduction will be effective at the beginning of the plan year once you attain the age indicated below. **The age reduction will apply to the current coverage in force (which will include any imposed prior reductions).**

			EXAMPLE	
Your Age	Your % Reduction	Your Spouse/DP % Reduction	AGE	Coverage
			60	\$500,000
65	35%	35%	65	\$325,000
70	35%	35%	70	\$212,000
75	35%	35%	75	\$138,000
80	25%	25%	80	\$104,000
85	25%	25%	85	\$ 78,000
90	25%	25%	90	\$ 59,000
95	25%	25%	95	\$ 45,000

### ▪ Increase in VSP (Vision) Benefit:

The annual benefit for contact lens will increased from \$110 to \$130 for the 2012 Plan Year.

## 2012 Health and Welfare Plan Information

If you are satisfied with your current enrollments and have no plan changes to make, you do not need to do anything for 2012 Open Enrollment, with the exception of **Flexible Spending Accounts (HCRA and DCRA) which do require an active election each year.**

The following chart provides you with a direct web link to each plan summary for coverage available during Open Enrollment for 2012.

<b>Medical Plans</b>	
National EPO	<a href="http://www.lanl.gov/worklife/benefits/health/medical/epo.shtml">http://www.lanl.gov/worklife/benefits/health/medical/epo.shtml</a>
National PPO	<a href="http://www.lanl.gov/worklife/benefits/health/medical/ppo.shtml">http://www.lanl.gov/worklife/benefits/health/medical/ppo.shtml</a>
National CDHP	<a href="http://www.lanl.gov/worklife/benefits/health/medical/cdhp.shtml">http://www.lanl.gov/worklife/benefits/health/medical/cdhp.shtml</a>
Dental Plan	<a href="http://www.lanl.gov/worklife/benefits/pdfs/dd_evidence_coverage.pdf">http://www.lanl.gov/worklife/benefits/pdfs/dd_evidence_coverage.pdf</a>
Vision Plan	<a href="http://www.lanl.gov/worklife/benefits/pdfs/vsp_eoc.pdf">http://www.lanl.gov/worklife/benefits/pdfs/vsp_eoc.pdf</a>
Legal Plan	<a href="http://www.lanl.gov/worklife/benefits/pdfs/arag_bp_06.pdf">http://www.lanl.gov/worklife/benefits/pdfs/arag_bp_06.pdf</a>
AD&D	<a href="http://www.lanl.gov/worklife/benefits/pdfs/add_plan.pdf">http://www.lanl.gov/worklife/benefits/pdfs/add_plan.pdf</a>

### ▪ Blue Cross Blue Shield of New Mexico Claims Advocate:

Laboratory employees may continue to enjoy the convenience of one-on-one, in-person assistance at the Blue Cross Blue Shield facility in Albuquerque:

Blue Cross Blue Shield of New Mexico Full Service Unit  
4373 Alexander Blvd. NE  
Albuquerque, N.M. 87107  
Monday – Friday, 6 a.m. – 8 p.m.  
Saturday, 8 a.m. – 5 p.m

In addition, Mariette “Syd” Peavy remains the dedicated claims advocate with Blue Cross Blue Shield of New Mexico, and she will be happy to assist you directly with any claims or medical benefit coverage issues. You can reach Syd directly by calling (505) 962-7277 or by email [mariette.peavy@bcbsnm.com](mailto:mariette.peavy@bcbsnm.com).

### ▪ Flexible Spending Accounts:

Employees interested in a Flexible Spending Account (FSA) should be sure to familiarize themselves with the difference between each type of FSA account and eligible expenses that can be claimed against each account prior to enrolling. Documentation may be required to substantiate qualified expenses. The **Dependent Care Reimbursement Account (DCRA)** is for **day care expenses** and **The Health Care Reimbursement Account (HCRA)** is for **allowable medical expenses** not paid by the health insurance company.

Effective January 1, 2012 the new look for PayFlex website will be HealthHub. The new website address will be <https://www.Healthhub.com>. Existing log in account information, customer service and fax phone numbers will remain the same. You will still be able to submit claims on line as in the past. The new website is loaded with online tools that will educate, engage and empower you to take control of your wellness and health-related financial decisions. HealthHub is powered by the same PayFlex technology, customer service and support you already know and trust.

IRS rules allow reimbursement for any eligible tax dependent. See the Summary Plan Document at the web link below for more information:  
[http://www.lanl.gov/worklife/benefits/pdfs/flexible\\_spending\\_account.pdf](http://www.lanl.gov/worklife/benefits/pdfs/flexible_spending_account.pdf)

## Changing Your Benefit Elections

Benefit changes made during the Open Enrollment period will go into effect on January 1, 2012. To complete the Open Enrollment process online, you must have a CRYPTO CARD with administrative level access and a social security number for any eligible dependents you wish to enroll. Log into Oracle Self-Service (<https://epprod.lanl.gov>) and click on "Benefits" to begin the process. After you have made all your changes, be sure to print a copy for your record. Do not forget to "click" the **SUBMIT** button in order to **save** your changes.

## What You Can Do During Open Enrollment:

You can enroll or change enrollment elections for yourself and your qualified dependents in the plans that are available for enrollment, cancellation, or change during 2012 Open Enrollment, which include **Medical, Dental, Vision, Legal, HCRA, DCRA, and AD&D.**

**Beginning this Open Enrollment LANS will be consistent with the IRS guidelines and request proof of eligibility (marriage certificate, birth certificate and/or proof of birth, adoption and/or tax records) when adding any dependents to any of your benefits plans.**

### ▪ How to Enroll or Make Changes during Open Enrollment

**NOTE:** *All Open Enrollment transactions must be completed before midnight Mountain Standard Time on Friday, November 11, 2011.*

#### **1. Gather and Review Data**

- Evaluate benefit offerings for 2012 and determine which plan(s) suit your needs.
- Carefully review the costs of each plan, including semi-monthly payroll deduction and out-of-pocket costs (e.g., deductibles, copayments, coinsurance).
- Make sure all dependents meet eligibility guidelines for 2012 before you enroll them or allow enrollment to continue into the next plan year.
- Estimate out-of-pocket costs for eligible **medical expenses** for you and your dependents enroll in the Health Care Reimbursement Account (HCRA) if you want to participate in 2012.
- Determine the cost of **daycare** for eligible dependents and enroll in the Dependent Care Reimbursement Account (DCRA) if you want to participate in 2012. Please be aware you may only enroll if you:
  - A. Are married or Head of Household;
  - B. If married, you and your spouse both work or in some situations your spouse goes to school full time, and;
  - C. Have eligible dependent children under the age of 13 or other tax dependents that are physically or mentally unable to care for themselves.

**NOTE:** *If married and filing separately, the maximum annual contribution for each Individual, is \$2,500. If filing jointly the maximum annual family amount is \$5,000. The limits will change for plan year 2013 to maximum allowable \$2,500.*

## 2. Using ORACLE Self Service

- Log into ORACLE Self-Service (<http://epprod.lanl.gov>) in order to:
  - Check your current enrollments
  - Verify dependents for each plan
  - Verify that your beneficiary designations are up-to-date
  - Enroll and/or make changes during Open Enrollment

## 3. Confirm Your Elections

- **PRINT** - Please print out the confirmation page at the end of the enrollment process and keep it for your records. If you make additional changes be sure to print a new statement.
- **SUBMIT** - You **must** ensure that your plan selection(s) has been accepted/saved by Oracle. **DO NOT FORGET TO CLICK THE SUBMIT BUTTON.**

**Tip: Log out and log back into Oracle Self-Service to verify that your changes are correct.**

## 4. Report Any Errors during the Correction Period

The Benefits Office will send out an email notification reminding you that the enrollment period has ended. Please review your elections in Oracle Self-Service for 2012 and report any errors (defined below) to the Benefits Office during the **correction period that starts at 8:00am November 14<sup>th</sup> and runs through 5:00 pm on December 9, 2011.** Corrections received after 5:00pm on December 9, 2011 **will not be accepted.**

For the purposes of the Benefits Open Enrollment period, two different types of errors defined below will qualify for Open Enrollment corrections:

1. **System Error** A system error occurs when your printed confirmation page (the page you printed following your enrollment in Oracle Self-Service) differs from the elections shown in Oracle after the Open Enrollment Period has closed.
2. **Eligibility Error** An eligibility error occurs when you have allocated funds to a Dependent Care Reimbursement Account (DCRA) and Oracle reflects that you do not have dependents who meet the plan's eligibility requirements for a DCRA (i.e., you do not have any tax dependents under the age of 13 or your spouse does not work or go to school full-time).
  - The correction of an error will only apply to the benefit to which the error occurred.
  - You may only make corrections to your 2012 Open Enrollment elections during the correction period and only if an error, as defined above, has occurred.



## 2012 Semi-Monthly Employee Contribution Rates

### ▪ Medical Plan Premiums:

Deductions are taken semi-monthly (i.e. twice a month).

<b><u>2012 Employee Semi-Monthly Health Insurance Premiums</u></b>								
<b>BCBSNM National EPO</b>								
	<b>Employee Only</b>		<b>Adult + Child(ren)</b>		<b>Two Adults</b>		<b>Family</b>	
	<b>Employee</b>	<b>LANS</b>	<b>Employee</b>	<b>LANS</b>	<b>Employee</b>	<b>LANS</b>	<b>Employee</b>	<b>LANS</b>
Salary range less than or = \$40,000	\$42.00	\$217.00	\$77.00	\$389.00	\$90.00	\$454.00	\$123.00	\$626.00
\$40,001 to \$80,000	\$48.00	\$211.00	\$86.00	\$380.00	\$101.00	\$443.00	\$138.00	\$611.00
\$80,001 to \$120,000	\$53.00	\$206.00	\$95.00	\$371.00	\$111.00	\$433.00	\$153.00	\$596.00
More than \$120,000	\$63.00	\$196.00	\$114.00	\$352.00	\$133.00	\$411.00	\$183.00	\$566.00
<b>BCBSNM National PPO</b>								
	<b>Employee Only</b>		<b>Adult + Child(ren)</b>		<b>Two Adults</b>		<b>Family</b>	
	<b>Employee</b>	<b>LANS</b>	<b>Employee</b>	<b>LANS</b>	<b>Employee</b>	<b>LANS</b>	<b>Employee</b>	<b>LANS</b>
Salary range less than or = \$40,000	\$54.00	\$273.00	\$97.00	\$492.00	\$113.00	\$573.00	\$156.00	\$791.00
\$40,001 to \$80,000	\$60.00	\$267.00	\$109.00	\$480.00	\$127.00	\$559.00	\$175.00	\$772.00
\$80,001 to \$120,000	\$67.00	\$260.00	\$120.00	\$469.00	\$140.00	\$546.00	\$194.00	\$753.00
More than \$120,000	\$80.00	\$247.00	\$144.00	\$445.00	\$168.00	\$518.00	\$232.00	\$715.00
<b>BCBSNM National CDHP</b>								
	<b>Employee Only</b>		<b>Adult + Child(ren)</b>		<b>Two Adults</b>		<b>Family</b>	
	<b>Employee</b>	<b>LANS</b>	<b>Employee</b>	<b>LANS</b>	<b>Employee</b>	<b>LANS</b>	<b>Employee</b>	<b>LANS</b>
Salary range less than or = \$40,000	\$40.00	\$205.00	\$73.00	\$368.00	\$85.00	\$430.00	\$117.00	\$594.00
\$40,001 to \$80,000	\$45.00	\$200.00	\$81.00	\$360.00	\$95.00	\$420.00	\$131.00	\$580.00
\$80,001 to \$120,000	\$50.00	\$195.00	\$90.00	\$351.00	\$105.00	\$410.00	\$146.00	\$565.00
More than \$120,000	\$60.00	\$185.00	\$108.00	\$333.00	\$126.00	\$389.00	\$174.00	\$537.00

### ▪ Dental, Vision, and Legal Plan Premiums:

<b><u>2012 LANL Active Employee Semi-Monthly Dental, Vision, and Legal Premiums</u></b>				
	<b>Employee Only</b>		<b>Adult + Child(ren)</b>	
<b>Delta Dental</b>	\$0.00		\$0.00	
<b>VSP Vision</b>	\$0.00		\$0.00	
<b>ARAG Legal</b>	\$4.87		\$6.69	

## Plan Notifications:

### Qualified Life Events:

The Laboratory's benefits plans are offered in accordance with regulations and requirements under Section 125 of the Internal Revenue Code. Reporting, nondiscrimination, and disclosure are governed under the Employee Retirement Income Security Act (ERISA). Among other things, these provisions limit when an employee may enroll, modify, or cancel coverage under the benefit plan.



You may be able to change your benefit elections outside of Open Enrollment if you experience a qualified change of status. You must report the qualifying event to the Benefits Office within 31 calendar days of its occurrence. For example, if you are married on May 1, you must report the event and make any changes within 31 days of that date (May 31). When enrolling family members, LANS requests proof of eligibility. The benefits office will request marriage certificates, birth certificates, adoption and or tax records. When enrolling a dependent if the 31<sup>st</sup> day falls on a holiday or weekend, the 31<sup>st</sup> day will be extended to the next business day. Changes must be consistent with the event (e.g., you may add a spouse to coverage within 31 days of being legally married; you can drop a spouse from coverage within 31 days of having been legally divorced). For additional information, please see the "LANL Health and Welfare Benefit Plan for Employees" Summary Plan Description at: [http://www.lanl.gov/worklife/benefits/pdfs/summary\\_plan\\_description\\_08.pdf](http://www.lanl.gov/worklife/benefits/pdfs/summary_plan_description_08.pdf).

### **Dependent Eligibility**

If an enrolled family member loses eligibility during the year, you are responsible for de-enrolling that family member within 31 days of the change in eligibility. A natural, or adopted child, or stepchild, who reaches the age limit (26 for medical and dental, 25 for vision; 23 for all other benefits) is automatically de-enrolled by the Benefits Office. Legal wards are de-enrolled when they reach the age limit of 18.

You are responsible for costs incurred in connection with the enrollment of ineligible family members and you could be subject to penalties associated with the Misuse of Plan if you continue coverage for family members who no longer meet eligibility rules. For additional information, see the LANS Health and Welfare Benefit Plan for Employees ([http://www.lanl.gov/worklife/benefits/pdfs/summary\\_plan\\_description\\_08.pdf](http://www.lanl.gov/worklife/benefits/pdfs/summary_plan_description_08.pdf)).

### **Social Security Numbers for Dependents**

The Mandatory Insurer Reporting Law (Section 111 of Public Law 110-173) requires group health plan insurers to report Social Security numbers in order for Medicare to coordinate payments with other insurance benefits. The law was enacted in late 2007 and became effective on January 1, 2009. As a subscriber (or spouse or family member of a subscriber) to a LANS Group Health Plan Arrangement, the Social Security numbers of enrolled employees and dependents must be furnished to meet the requirements of this law. Please make sure your information is up-to-date with the Benefits Office to include dependent's Social Security Numbers.

## **ANNUAL NOTICES REQUIRED BY LAW**

### **The Women's Health and Cancer Rights Act of 1998 (WHCRA) (Benefits for Mastectomy-Related Services)**

The medical programs sponsored by LANS will not restrict benefits if you or your dependent receives benefits for a mastectomy and elects breast reconstruction in connection with the mastectomy. Benefits will not be restricted provided that the breast reconstruction is performed in a manner determined in consultation with you or your dependent's physician and may include:

- ✓ all stages of reconstruction of the breast on which the mastectomy was performed;
- ✓ surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- ✓ prostheses and treatment of physical complications of all stages of mastectomy, including lymphedema.

Benefits for breast reconstruction will be subject to annual deductibles and coinsurance amounts consistent with benefits for other covered services under the program. For details on any state laws that may apply to your medical program, please refer to the benefit program material for the medical program in which you are enrolled.

### **COBRA General Notice**

Under the Consolidated Omnibus Budget Reconciliation Act of 1985, or COBRA, LANS employees and/or their dependents may be eligible to continue health program coverage (called “COBRA coverage”). Health benefit program coverage includes medical, dental, vision, and health care reimbursement account (HCRA) benefits.

COBRA continuous coverage is available in certain qualifying events where health benefit program coverage would otherwise end. You may elect to continue coverage at your own expense on an after-tax basis when the coverage that you have through the Plan ends. The coverage may change as permitted or required by changes in any applicable law. See the LANS Health and Welfare Benefit Plan for Employees Summary Plan Description [http://www.lanl.gov/worklife/benefits/pdfs/summary\\_plan\\_description\\_08.pdf](http://www.lanl.gov/worklife/benefits/pdfs/summary_plan_description_08.pdf).

If you de-enroll yourself or a dependent during Open Enrollment, you or your dependents will not be eligible for the COBRA coverage, as this is not a COBRA qualifying event.

**NOTE:** *If you do not have access to this document online, email the benefits office at [benefits@lanl.gov](mailto:benefits@lanl.gov) and a hard copy will be provided upon request.*

### **Children’s Health Insurance Program Reauthorization Act (CHIPRA)**

If you are eligible for health coverage from your employer, but are unable to afford the premiums, note that some states have premium assistance programs that can help pay for coverage. These states use funds from their Medicaid or Children’s Health Insurance Program (CHIP) to help cover health premiums. Please contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your state Medicaid’s or CHIP office or contact 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, you can ask the state if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer’s health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible and are not already enrolled in the employer’s plan. This is called a “special enrollment” opportunity and you must request coverage within 60 days of being determined eligible.

## 2012 LANS Benefit Office and Carrier Contact Information

LANS	The Laboratory's Benefit s Office (Human Resources)			
	Phone	1-505-667-1806 or 1-800-667-1806		
	Email	<a href="mailto:benefits@lanl.gov">benefits@lanl.gov</a>		
	Website	<a href="http://www.lanl.gov/worklife/benefits/">http://www.lanl.gov/worklife/benefits/</a>		
	Mailing Address	P.O. Box 1663, MS P280 Los Alamos, N.M. 87544		
Medical & Mental Health	Blue Cross Blue Shield of New Mexico			
	Group Number	EPO (N13793); PPO (N13794); CDHP (N13795)		
	Contact Info	1-877-878-5265 <a href="http://www.bcbsnm.com/lanl">http://www.bcbsnm.com/lanl</a>		
	Mental Health	1-888 -898-0070		
	Prime Therapeutics (Rx)	<a href="https://www.myprime.com/MyRx/MyPrime/#ViewHomeEvent/null/">https://www.myprime.com/MyRx/MyPrime/#ViewHomeEvent/null/</a>		
	Claims Address	P.O. Box 27630 Albuquerque, NM 87125-7630		
Claims Advocate	Mariette “Syd” Peavy	<a href="mailto:Mariette_peavy@bcbsnm.com">Mariette_peavy@bcbsnm.com</a>	505-962-7277	
Dental	Delta Dental of California			
	Group Number	4000		
	Contact Info	1-800-777-5854 <a href="http://www.deltadentalins.com/lans/">www.deltadentalins.com/lans/</a>		
	Claims Address	P.O. Box 997330 Sacramento, C.A. 95899-7330		
Vision	Vision Service Plan (VSP)			
	Group Number	12-284390		
	Contact Info	1-800-877-7195 <a href="https://www.vsp.com/home.html">https://www.vsp.com/home.html</a>		
	Claims Address	PO Box 997105 Sacramento, CA 95899-7105		
Legal	ARAG Legal Plan (Group Legal)			
	Group Number	14822		
	Website	<a href="http://ARAGLegalCenter.com">http://ARAGLegalCenter.com</a> (Access Code 14822lal)		
	Member Services	1-800-247-4184		
	Claims Address	400 Locust Street, Suite 480 Des Moines, IA 50309		
401k	Fidelity Investments (401k)			
	Website	<a href="https://netbenefits.fidelity.com/">https://netbenefits.fidelity.com/</a>		
	Member Services	1-800-835-5095		
The Hartford	The Hartford Disability			
	Group Numbers	GLT395047 (Supplemental Disability); GRH-395151 (Basic Disability)		
	Web Site	<a href="https://www.thehartfordatwork.com/thaw/">https://www.thehartfordatwork.com/thaw/</a>		
	Member Services	1-800-741-4306		
	The Hartford Life			
	Group Numbers	ADDS07166 (AD&D); 0GL395155 (Supplemental Life)		
	Member Services	1-800-303-9744		
	Benefit Management Services, Maitland Claim Office, P.O. Box 946790, Maitland, FL 32794-6790			
FSA	HealthHub (Healthcare / Dependent Care Reimbursement Accounts)			
	Group Number	115976		
	Website	<a href="https://www.Healthhub.com">https://www.Healthhub.com</a>		
	Member Services	1-800-284-4885 (Phone) 1-800-932-2567 (Fax)		
	Claims Address	PayFlex Flex Dept., P.O. Box 3039, Omaha, NE 68103-3039		